

IFID #



PTO/SB/17 (07-07)  
 Approved for use through 06/30/2010. OMB 0651-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/530,653-Conf. #6917
		Filing Date	April 7, 2005
		First Named Inventor	Young-Jun PARK
		Examiner Name	Ware, Deborah K.
		Art Unit	1651
TOTAL AMOUNT OF PAYMENT (\$ ) 60.00		Attorney Docket No.	4971-0107PUS1

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account  
 Deposit Account Number: 02-2448  
 Deposit Account Name: Birch, Stewart, Kolasch & Birch,

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)  
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month	60.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	22,463	Telephone	(703) 205-8000
Name (Print/Type)	Joseph A. Kolasch	Date	July 17, 2007		



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2006**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

4971-0107PUS1

Application Number

10/530,653-Conf. #6917

Filed

April 7, 2005

For MICROBIAL MATERIALS FOR DEGRADATION OF OILS AND TOXIC CHEMICALS

Art Unit

1651

Examiner

Ware, Deborah K.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.

I am the

☐

applicant/inventor.

☐

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒attorney or agent of record. Registration Number 22,463☐

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

fr

m.c. (20) #42.874

Signature

July 17, 2007

Date

Joseph A. Kolasch

Typed or printed name

(703) 205-8000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐Total of 1 forms are submitted.

07/1A/2007 IADD01

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